

EARLY ABLATION FOR ATRIAL FIBRILLATION

Earlier restoration of sinus rhythm by catheter ablation may reduce disease progression and healthcare utilization.¹⁻³

Patients with a longer diagnosis-to-ablation time (DAT) for AFib experience higher rates of transient ischemic attacks and healthcare utilization, as compared to patients who receive ablation earlier.^{3,4}



UP TO 60%
LOWER RATE OF
TIA/CVA EVENTS

In a prospective registry of 1,000 AFib patients, **patients receiving ablation with a shorter DAT had a 60% lower rate of TIA/CVA events** compared to patients with a longer DAT.⁴

*Relative reduction from the comparison of patients with DAT of ≤ 11 months (n=244) vs. DAT of ≥ 71 months (n=250) at 5 year follow-up. (p<0.001)



UP TO 14%
DECREASE IN
AFIB-RELATED
OUTPATIENT VISITS

A retrospective, observational cohort study has shown **AFib patients referred for catheter ablation within 6 months of diagnosis** had 14% lower outpatient visits compared to those referred 6-12 months after diagnosis.³

*AFib catheter ablation within 6 months of diagnosis (n=1649) vs. 6-12 months after diagnosis (n=982) with a 24 month follow up period (ARD: -6.6%; 95% CI: -10.5%, -2.7%; p=0.001)



UP TO 26%
DECREASE IN
POST-ABLATION
CARDIOVERSIONS

After AFib diagnosis, referral for ablation **within 6 months reduced post-ablation cardioversions by up to 26%*** over a 24 month follow-up period compared to those who were ablated in the 6-12 month time after diagnosis.³

*Catheter ablation for new AFib within 6 months of diagnosis (n=1649) vs. 6-12 months after diagnosis (n=982) (ARD=-2.9%; 95% CI: -5.3%, -0.5%; p=0.012)

Early catheter ablation for AFib provides clinical and economic benefits by reducing the rate of AFib progression from paroxysmal AFib to a more complex, and difficult to treat, persistent AFib.^{1,5}



10x
LESS LIKELY TO
PROGRESS TO
PERSISTENT AFIB

The ATTEST randomized controlled trial found that drug refractory paroxysmal AFib patients receiving ablation are **up to 10 times less likely* to progress to persistent AFib**, compared to those treated with anti-arrhythmic drugs.¹

*HR: 0.107 (95% CI: 0.024-0.47; p=0.0031)



\$8,516
NET MONETARY
BENEFIT PER
PATIENT WITH
EARLY ABLATION

Based on a health economic model, the value of early RF catheter ablation in **delaying disease progression could provide a net monetary benefit of up to \$8,516*** per patient for healthcare payers.⁵

*Compared to AAD-only therapy over a patient's lifetime (95% CI: \$148-16,681; p<0.05) the incremental effect of RFCA on disease progression was modeled over a 5 year duration

Delaying catheter ablation after diagnosis allows for continued disease progression, reducing the efficacy of subsequent catheter ablation procedures.^{2,4,6}

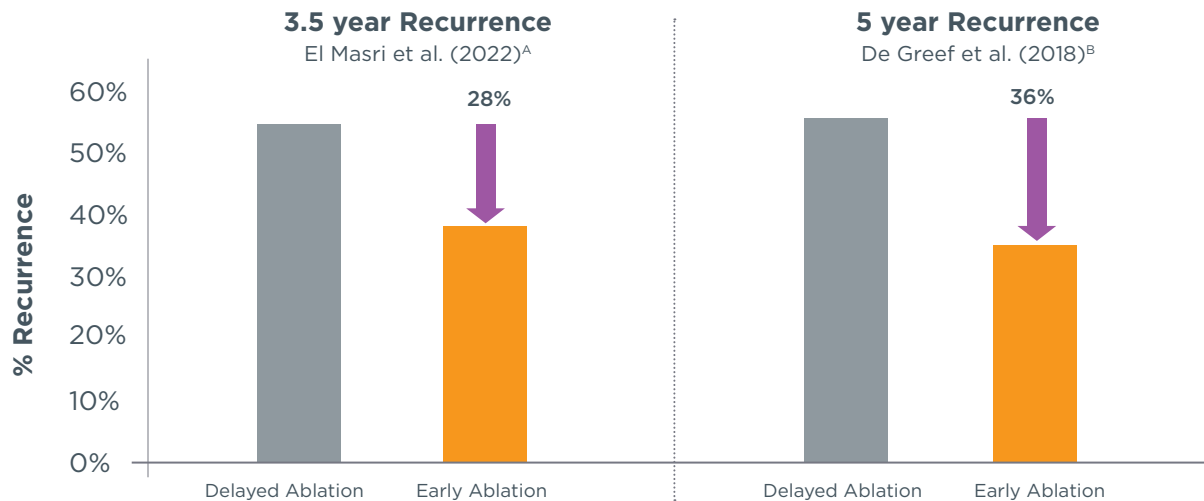


UP TO 27%
LESS RISK OF AFIB
RECURRENCE WITH
DAT <1 YEAR

A meta analysis of six studies and 4,950 symptomatic AFib patients concluded that a **DAT of ≤1 year is associated with a 27%* less risk of AFib recurrence** compared to DAT >1 year.²

*RR: 0.73 (95% CI: 0.65-0.82; p<0.001)

Patients with shorter DAT experience lower rates of long-term AFib recurrence after catheter ablation.^{4,6}



^ARelative reduction from the comparison of 96 patients with DAT of ≤ 9 months vs. 200 patients with DAT of > 9 months at 3.5 year follow-up (p=0.013)

^BRelative reduction from the comparison of 244 patients with DAT of ≤11 months vs. 250 patients with a DAT of ≥ 71 months at 5 year follow-up (p<0.001)

References

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Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, side effects, warnings and precautions.

Caution: US law restricts this device to sale by or on the order of a physician.

THERMOCOOL[®] Navigation Catheters are indicated for the treatment of drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO[®] Systems (excluding NAVISTAR[®] RMT THERMOCOOL[®] Catheter).

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